VA RESEARCH & DEVELOPMENT

Summary from Discussion Group 1:
Focus of the Research Services

The Office of Research and Development (ORD) has undergone a reorganization approved by Veterans Health Administration (VHA). The major thrust of the reorganization is a stronger emphasis on science. As a part of this effort, the following changes have occurred:

- The service formerly known as Medical Research Service has been divided into Biomedical Laboratory Research and Development Service (BLR&D) and part of the newly formed Clinical Science R&D Service (CSR&D).

- The Cooperative Studies Program (CSP) is now a part of CSR&D.

- Clinical projects from BLR&D have been shifted to CSR&D, in order to provide a better review and to more clearly distinguish VA's clinical research portfolio from pure bench science.

- Rehabilitation R&D Service (RR&D) remains as before the reorganization.

- Health Services R&D Service (HSR&D) remains as before the reorganization. It is possible, however, that some research that previously would have been reviewed and funded by HSR&D will now be reviewed by CSR&D.

This discussion group was asked to consider and provide feedback on four specific issues related to the new service structure, as well as any other related issues they wished to consider.

Q: Have we clearly defined the distinction between BLR&D and CSR&D? If not, how can we define it more clearly?

Group Response: The distinction between basic lab and clinical research is not always clear-cut; it is more of a spectrum ranging from non-human basic science (in BLR&D) to whole human pathophysiology, small single-site trials, and multi-site cooperative studies (in CSR&D). If proposals from the full spectrum are lumped and reviewed against each other, pathophysiology studies may not fare well. The group urged that the most important thing to consider in grouping proposals for review is the scientific content, rather than the type of research.

Q: Suggest ways in which we can encourage investigators to take their research findings from the bench to the clinical arena.

Group Response: The group consensus was that, rather than encourage basic scientists to take their research findings into the clinical arena, a better approach might be to provide a better way to identify and transfer information developed by basic scientists to investigators already in the clinical arena. The group also urged recognizing and promoting the CSP as a source of support for clinical studies.

Scientists receiving Merit Review funds from either BLR&D or CSR&D may apply to the other service for additional funding. This is a good incentive, but to enhance the incentive, the group suggested increasing the cap on the second award (i.e., for scientists with a merit review funded by BLR&D who also get funded by CSR&D to perform clinical research, increase the funding cap on the CSR&D award).

Finally, the group suggested that we devise a method for review of biomedical publications for possible clinical applications. The translation of such findings into the clinical arena could then be encouraged through special research initiatives.

Q. Give us feedback on how the current focus of the services affects investigators – how might it negatively impact investigators? How might it positively impact investigators?

Group Response: The group agreed that the positive impact is the potential for multiple merit review awards for investigators.

At the same time, the group identified two potential negative impacts: 1) if the intent is to distribute research funds evenly across services (rather than distributing funds based on merit), there will be a definite negative impact; and 2) the recruitment of potential specialists from affiliate universities may be degraded since most such physicians are trained and interested in pursuing basic science rather than clinical research.

Q. We believe that the separation of bench science and clinical science will allow us to better review research proposals for scientific merit. We do, however, recognize that there are proposals that fall into a "gray area" as to which service should review them. How might we best deal with these proposals?

Group Response: The group consensus was that we need to ensure a clear distinction for all proposals. However, in the absence of absolute clarity,

proposals falling into the “gray area” could be reviewed by multiple panels to ensure fair and thorough review.